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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number cation or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/572.668 (Serie 6373) Substitute for Form PTO-875 APPLICATION AS FILED ~ PART | OTHER THAN ΩR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE (\$) FOR NUMBER FILED NUMBER EXTRA FEE (\$) RATE (S) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (ci) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** N/A M/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i) . X minus 20 = OR INDEPENDENT CLAIMS × (37 CFR 1 18/h)) minus 3 c = If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(ji) M/A TOTAL \* If the difference in column 1 is less than zero, enter \*0\* in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR 1/31/08 (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADDI-EXTRA TIONAL TIONAL AFTER PREVIOUSLY PAID FOR FEE (S) FEE (\$) AMENDMENT Total Minus Ω 4 20 0 x \$50 = (37 CFR 1.160)) OR Minus 0 x\$210 = 1 3 v OD. Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii)) OR N/A TOTAL TOTAL \$0 ADD'L FEE OR ADDI FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT RATE (\$) ADDI-RATE (\$) ADDI-NUMBER œ EXTRA TIONAL TIONAL AFTER PREVIOUSLY F PAID FOR FEE (\$) AMENDMENT FEE (\$) Minus ENDM 07 CFR 1.1600 OR independent (37 CFR 1.160k)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) N/A ΩR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

m in reginest Number Previously Plear For in 1 HINS SPACE is less than 3, enter "3".

The "Highest Number Previously Plear For "I have independent in the highest uniber found in the appropriate box in column 1.

The coloration of information is required by 37 CPR 1.5. The information is required to orbitain or retain a borned by the pales which is to file (and by the recommendation of the plant of the pla ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.